

**PLACE OF BIRTH**

County of Gila

District of Payson

Town of Payson

City of \_\_\_\_\_

**ARIZONA TERRITORIAL BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS. *Ter. Index No.* 135

ORIGINAL CERTIFICATE OF BIRTH. *Co. Register No.* 26

*Local Registrar's No.* 2

(No. \_\_\_\_\_) **FULL NAME OF CHILD** Victor Clarence Anderson

If child is not named, make Supplemental Report on blank obtainable from local registrar.

**Sex of Child** M TWIN, Triplet, or other \_\_\_\_\_ **and** **Number; in order of birth** 3 **Legitimate?** Yes **Date of Birth** Jan 5 1920

(Month) (Day) (Yr.)

**Born** YES

**Alive** NO

**FATHER**

**Full Name** Vachel Anderson

**Residence** Payson Ariz

**Color or Race** White **Age at last Birthday** 28 (Years)

**Birthplace** Tex as

**Occupation** Restaurant Keeper

**MOTHER**

**Full Maiden Name** Allie Pepratt

**Residence** Payson Ariz

**Color or Race** W **Age at last Birthday** 25 (Years)

**Birthplace** Ariz

**Occupation** Housewife

**Number of child of this mother** 3

**Number of children, of this mother, now living** 3

**Were Precautions taken against Ophthalmia neonatorum?** Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Jan 5 1920, at 9 A. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Chas. R. Riser (Attending physician, midwife, householder, etc.)

Address Payson Ariz

Filed Jan 17 1920 Jay F. Vann LOCAL REGISTRAR.

Filed Jan 21 1920 B. L. Fox COUNTY REGISTRAR.

Given or christen name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

515-105-123 COUNTY REGISTRAR.